

# REQUEST FOR TASK ORDER PROPOSALS COVER SHEET

## **RFTOP#241**

**TITLE:** Planning, Developing, Implementing, and Evaluating an NHLBI Peripheral Arterial Disease (PAD) Public Awareness Campaign for Use by Professional and Public Interest Groups

### **PART I – REQUEST FOR TASK ORDER PROPOSALS**

- A. POINT OF CONTACT NAME:** Richard Phillips  
Phone: 301-402-6462  
Fax: 301-480-3432

**Proposal / Billing Address:**

Richard Phillips  
National Heart, Lung, and Blood Institute  
Division of Extramural Affairs, Contracts Operations Branch  
6701 Rockledge Drive, MSC 7902 (Room 6132)  
Bethesda, MD 20892-7902  
If using courier service: Zip Code 20817

- B. PROPOSED PERIOD OF PERFORMANCE:** June 15, 2005 - June 14, 2008
- C. TASK ORDER DESCRIPTION:** See Attachment.
- D. TECHNICAL EVALUATION FACTORS:** See Attachment.
- E. RESPONSE DUE DATE AND TIME:** Proposals must be received at the address listed above by April 8, 2005 (12:00 noon; local time).
- F. PRICING METHOD:** Cost Plus Award Fee
- G. PROPOSAL INSTRUCTIONS:** See Attachment.
- H. QUESTIONS PERTAINING TO THIS TASK ORDER MUST BE SUBMITTED TO THE CONTRACTING OFFICER AT [phillipr@nhlbi.nih.gov](mailto:phillipr@nhlbi.nih.gov) NO LATER THAN SEVEN CALENDAR DAYS AFTER ISSUANCE OF RFTOP.**

**RFTOP#241**

**TITLE:**

**PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D- \_\_\_\_\_**

**TASK ORDER # \_\_\_\_\_**

**CONTRACTOR:**

**Points of Contact:**

**Phone:**

**Fax:**

**Address:**

TOTAL PROPOSED ESTIMATED COST:

TOTAL PROPOSED ESTIMATED NUMBER OF HOURS:

FOR THE

CONTRACTOR: \_\_\_\_\_  
Signature Date

**PART III - TO BE COMPLETED BY THE CONTRACTING OFFICER  
UPON SELECTION OF CONTRACTOR FOR TASK ORDER AWARD**

**SOURCE SELECTION:**

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM  
SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference #

Accounting and Appropriations Data:

**APPROVED:**

\_\_\_\_\_  
Signature - Contracting Officer Date

**NIH APPROVAL -**

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER  
AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & TASK ORDER  
COORDINATOR

**APPROVED:** \_\_\_\_\_  
Signature - Task Order Coordinator Date